



**APPLICATION FOR REGISTRATION
 OF
 NEW AND REVIEWED UNIT STANDARDS
 ON THE NATIONAL QUALIFICATIONS FRAMEWORK**

Name of Standard Setting Body	
--------------------------------------	--

Contact for this batch of unit standards (if different from Chief Executive)	
Position	
Postal address	
Street address	
Telephone Landline Mobile	
Email address	

Name of unit standards writer	
--------------------------------------	--

Subfield(s)		
Domain(s)		
Number of unit standards submitted for evaluation		
<ul style="list-style-type: none"> • New unit standards • Reviewed unit standards 		
Associated AMAP	Number	Version
Registration of these standards is dependent on an AMAP/version application being approved? <i>(Yes or No)</i>		

Supporting Documentation	Attached
• List of unit standards [writer's reference, domain, title, level, credits grouped within subfield]	<input type="checkbox"/>
• Completed 'Checklist for unit standards evaluation'	<input type="checkbox"/>
• Diagram illustrating relationship among unit standards that specify prerequisites or recommended unit standards in entry information	<input type="checkbox"/>
• Hard and electronic copies of unit standards	<input type="checkbox"/>

Additional Supporting Documentation for Reviews	Attached
• Hard and electronic copy of Review report outlining rationale for review, main changes resulting from the review, and impact of the review on qualifications and on the scope of accreditations	<input type="checkbox"/>
• Annotated hard copies of the registered versions of unit standards showing the changes that have been made	<input type="checkbox"/>

I confirm that

• these unit standards have been endorsed	<input type="checkbox"/>
• these unit standards fall within the Gazetted scope of the ITO or	<input type="checkbox"/>
• for NZQA developed standards, these unit standards do not fall within the Gazetted scope of an ITO	<input type="checkbox"/>
• appropriate consultation has taken place of which evidence is available on request	<input type="checkbox"/>
• these unit standards have undergone an edit	<input type="checkbox"/>

Signed

Date

Name

Please return this form and all required documentation to:

Framework Registration
 New Zealand Qualifications Authority
 PO Box 160
 WELLINGTON